

MARICOPA COUNTY
Air Quality Department
1001 N. Central Ave. #400
Phoenix, AZ 85004



602-506-6700
602-506-0586 FAX
602-506-6704 TTN

PERMIT CANCELLATION REQUEST

Date: _____

Permit Number: _____

Permit Holder: _____

Project Name: _____

Project Location: _____

Address: _____

REASON FOR CANCELLATION: _____

I verify no further soil disturbing construction activities will occur at the above referenced location. All project soils designated in the Dust Control Permit have been permanently stabilized by the following method(s) (Check all that apply):

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Buildings | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Paving |
| <input type="checkbox"/> Application of gravel cover
of dust palliative | | <input type="checkbox"/> Application |
| <input type="checkbox"/> <1/10 acre disturbed soil remains
valid | | <input type="checkbox"/> Permit #:____ is |
| <input type="checkbox"/> Other method (describe): _____ | | |

Permittee Name: _____

Signature: _____

Date: _____

Company & Title: _____

Approved by: _____

Date: _____